PATENT APPLICATION FEE DETERMINATION RE Effective December 8, 2004								ORD	Application or Docket Number			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
U.S	. NATIONAL	STAGE FEES	12		•		7	RATE	FEE		RATE	FEE
BASIÇ FEE			SMALL ENT. =\$ 150		LARG	SE ENT. = \$ 300	1	BASIC FEE	<del></del>	OR	BASIC FEE	300
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$ 50 / \$ 100			her situations = 100 / \$ 200	1	EXAM. FEE			EXAM FEE	30
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$ 200 / \$400		ALLO	ther situations = 250 / \$ 500		SEARCH FEE		<b>.</b>	SEARCH FEE	200
FEE FOR EXTRA SPEC, PGS.			minus 100 =			/50 =	1	X \$ 125 =			X\$250 =	
TOTAL CHARGEABLE CLAIMS			/62 minus			1	X \$ 25 =		OR	X \$ 50 =		
INDEPENDENT CLAIMS			3 mini	۔ ۔		1	X \$ 100 =		OR	X \$ 200 =		
MUI	TIPLE DEPEN	DENT CLAIM PRI	SENT \			1	+ \$ 180 =		OR	+\$ 360 =		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	900
CLAIMS AS AMENDED - PART II  Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								SMALL E	NTITY	OR I	OTHER SMALL	
AMENDMENT A		REMAINING AFTER AMENOMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total .	. 19	Minus *	· 00	<u> </u>	•		X \$ 25 =		OR	X \$ 50 =	
	Independent	. <i>y</i>	Minus **	·· 🥫	<u> </u>	<u>- — </u>		X \$ 100 =		OR	X \$ 200 =	<u>:</u>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]	+ \$ 180 =		OR	+\$ 360 =	·
			•	FFF		OR	TOYAL ADDIT.					
:		(Column 1)		(Colum	ın 2)	(Column 3)						
AMENDMENT 8	5/17/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL PEE		RATE	ADDI- TIONAL FEE
	Total	. 10	Minus **	12		= <del>-</del>	1	X \$ 25 =		OR	X \$ 50 =	
	independent	• 2	Minus .**	-2		• <del>O</del>		X \$ 100 =		OR	X \$ 200 =	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	·
			- '	TOTAL ADDIT. FFF		OR	TOTAL ADDIT. FFF					
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "2", enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

FORM 910-875 (Rev. 02/2005)

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